

Substitute for Form 1449/PTO

## COMPLETE IF KNOWN

INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT(S)

(Use as many sheets as necessary)

Sheet 1 of 1

|                      |               |           |
|----------------------|---------------|-----------|
| Application Number   | Unknown       | 10/528886 |
| Filing Date          | Herewith      |           |
| First Named Inventor | Dieter Wagels |           |
| Art Unit             | Unknown       |           |
| Examiner Name        | Unknown       |           |
| Attorney Docket No.  | PSEE 2 00021  |           |

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Examiner  
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Considered

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